

MEETING NOTES

Emergency Medical Services Regulatory Board EDUCATION STANDARDS POST-TRANSITION WORKGROUP

10:00 a.m., Thursday, September 24, 2015

University Room, 1st Floor
2829 University Ave. S.E., Minneapolis

Meeting Agenda

- I.** Welcome and Introductions – Lisa Consie, Workgroup Chairperson
Mark Baisley, Robert Beckl, Lisa Consie, Joanne Ewen, Erin Glover, Heather Grinsteinner, Doug Haffield, Steve Hagstrom, Marion Larson, Ron Lawler, Susan Long, Tia Radant, Brett Rima, Serena Totzke-Johnson, Kelly Wanzek, Eric Weller, Jon Willoughby, Brad Wright, Pat Lee, Holly Hammann-Jacobs, Pat Lee, Tony Spector, Mary Zappetillo
Be mindful of the purpose and goal of this workgroup:
Mission Statement: The purpose of the EMSRB Education Standards Post Transition Workgroup is to protect the public's health and safety.
To achieve this goal, the Education Standards Post Transition Workgroup will make recommendations to the Board on the Initial and Renewal requirements for certification as an EMS clinician in the State of Minnesota, within the provisions of applicable law.
- II.** Approval of Agenda – **action**
Susan Long (motion) – Brad Wright (second) – motion carried (MCU)
- III.** Select Workgroup Vice Chair – **action**
Nomination for Ron Lawler (Wanzek (motion) – Radant (second)), nomination accepted, MCU
- IV.** Charge of the Workgroup – Provide Recommendation to the Board for:
1. Recommendations for Certification of EMTs after March 31, 2016 (Initial & Renewal)
 2. Statute and Rule Changes Necessary for Implementation of Recommendations
 3. Recommend additional Statute and Rule Changes Needed (Licensure vs. Certification)
 4. Recommendations for EMR in Minnesota
 5. Education Program Approval and Re-Approval Requirements
- Consie:** explanation of education in MN being on the Board's radar for several years. This workgroup is charged with what occurs with education in the future - after March 31, 2016. Review the five charges for the work group.
- V.** Overview and History of Education Standards Transition To Date – Zappetillo/Wright
- **Zappetillo:** Mr. Wright has been involved with the transition since the beginning of workgroups with the exception of the compliance/implementation workgroup, which was very small.

"To protect the public's health and safety through regulation and support of the EMS system. "

- **Wright:** 2009 Workgroup – convened and were charged from statewide level to make recommendations to the Board on adoption of new education standards, scope of practice model or remain as we are with the National Standards Curriculum. A gap analysis was completed comparing the USDOT 1994 Curriculum with the new National EMS Education Standards and what is currently being taught by training programs in the state of Minnesota. Ultimately, this gap analysis identified that many education programs in Minnesota were already teaching at or above the New EMS Education Standards. Recommendation to the Board made in September of 2010 to adopt National EMS Education Standards/Scope of Practice Model including changing the names of the certification levels; change EMR to a set expire date; change statute to reference education rather than training; educators needing 8 hours of CEUs in educational topics every two years to using education. Informational meetings held across the state and about 200 attended.
- 2011 Workgroup – another group reconvened to focused on how EMS educators would make the transition to teaching the new standards. Report to the Board in September of 2011 the workgroup summarized their accomplishments to date and outlined the vision and work plan moving forward including instructor orientations, development of a toolkit for instructors and development of CQI for instructors throughout the state. Education transition informational rollout presentations were made across the state with 253 individuals attending.
- **Zappetillo:** 2013 Compliance Workgroup – having the recommendations from previous workgroups the compliance workgroup was formed. The focus of this workgroup was primarily regulatory; an EMS Education Program Coordinator representative from a small, medium and large education program was chosen to provide input regarding costs, impact to education programs, EMS personnel and overall public safety from a statewide perspective. The EMS Education Standards Compliance Manual for Education Program Coordinators was developed by this workgroup and the recommendation to the Board included confirming the NREMT exams as the exams approved by the Board as defined in statute; a single date for transition to the new standards; requiring all renewing EMTs, between the dates of April 2, 2014 and March 31, 2016, to take and pass the exam outlined in the NREMT Psychomotor Guidelines and reapplication/reapproval to ensure programs were teaching the transition material after the transition date of April 2, 2014.
- **Zappetillo:** Current EMS Personnel – A map of the location of all education programs in the state was displayed and a report of the current numbers (2015-09.21) of all ambulance service licenses, approved education programs, medical response units and EMS Personnel Certification/Registration. (PowerPoint Handout)
 - What is the count compared to other states? (Glover)

VI. Work Group Charge - 1&2

- Current Minnesota Statute and Rule for EMT Certifications - **Zappetillo**
 - There are two different statutes, 144E.28 applies to EMT and above; 144E.27 applies to EMR.
 - 144E.28 – for Initial certification a candidate must pass NREMT cognitive & psychomotor exams AND apply for MN Certification to work in MN. Currently, there is no requirement to maintain NREMT certification in Minnesota. NREMT certification indicates the individual has met the minimum competencies of the level for which they are applying.
 - 144E.28 - Renewal requirements at the EMT level – DO NOT include NREMT in MN, but DOES require the applicant have a current CPR, take an EMT refresher course or have 48 hours of CEU's AND complete the NREMT Psychomotor exam with either option. There is some confusion about 24 hour refresher course vs 48 hours of Continuing Education. An application must be made with the EMSRB for renewal prior to the expiration date.

- 144E.28 - Renewal requirements at the AEMT & paramedic level – DO NOT include NREMT in MN, but DOES require the applicant have a current CPR (AEMT) or ACLS (paramedic) and have 48 hours of CEU's. An application must be made with the EMSRB for renewal prior to the expiration date.
 - 144E.27 – for Initial registration a candidate must complete an application and an initial EMR education course. An EMR – can choose to get Nationally Registered but it is not required in MN.
 - 144E.27 – Renewal requirements at the EMR level – complete a refresher course and complete a renewal application prior to the expiration date.
- Current NREMT requirements for EMT certification & recertification – **Zappetillo**
 - Minimal discussion as most were aware of the differences. NREMT requires 72 hours of CEUs at the EMT & paramedic levels, however the mandatory topics requirements are reversed. EMT = 24 hours of mandatory core & 48 hours of CEUs; paramedic = 48 hours of mandatory core & 24 hours of CEUs. There is also the recertification by exam option.
- Options/Alternatives to Review - **Zappetillo**
 - Mark King Initiative – one of things we are bringing to the table due to numerous phone calls received by the State offices regarding whether we offer this or not. Number of question could be related to surrounding states (ND & WI) requiring NREMT certification for certification/licensure in those states.
 - Brief overview given of the goals of this program: This is a program that would allow previously Nationally Registered personnel to regain their NREMT certification without testing. It is a state lead initiative and negotiation would take place between the state and the NREMT.
 - https://www.nremt.org/nremt/about/mki_home.asp
 - Tony explained this is a one and done, if it lapses you cannot apply through the initiative again.
 - **Discussion:**
 - One of the reasons people let it lapse was due to financial burden, so this is just an option.
 - This continues the conversation about certification vs. licensure. North Dakota requires NREMT Certification and Medical Director Signature verifying an individual is working for a service to obtain licensure/certification.
 - There is a tremendous advantage and this is promoted by FEMA.
- National Continued Competency Program (NCCP) - **Zappetillo**
 - The NCCP was introduced in 2012 as the “new” recertification model which streamlines the recertification process into three strategic categories of CEUs, National, Local and Individual. This allows for a platform for evidenced based medicine to reach EMS professionals across the country, give state and local agencies freedom to dictate a portion of the national recertification requirements and provides for the individual to take any EMS related education they choose.
 - National component is 50% of the recertification requirements and would replace the “traditional” refresher; Local component is 25% of the recertification and can be decided by the state local region or individual agencies; Individual component is 25% of the recertification requirements and the individual is free to take any EMS related courses they choose. As a result of this model the hours required at each level have been reduced.
 - The number of on-line hours allowable have increased as well
 - NREMT envisions moving to this model completely by 2017.
 - **Lawler:** In North Dakota appears to be cheaper.
 - https://www.nremt.org/nremt/EMTServices/nccp_info.asp

- **Discussion:** Chair Consie initiated the discussion by focusing on the Initial certification requirements for EMT. Members present felt no changes to current requirements for initial certification of EMTs were needed.
 - ~ **Long:** much more difficult to create our own version of NREMT testing.
 - ~ **Radant:** NREMT has moved to a much stronger validation of the exam process; much stronger exam than it was ten years ago.
 - ~ **Spector:** relayed information from his recent visit to the NREMT offices and the validation processes that the NREMT have in place and continue to improve on, would most likely be prohibitive for most states or agencies to replace on their own due to cost, staff time, and time it takes to validate.
 - ~ **Motion:** to recommend continued use of NREMT cognitive and psychomotor examination process for Minnesota EMT Initial certification. (Hagstrom- motion, Willoughby-second)
 - ~ Discussion ensued about the wording of the motion; change the statute to specify NREMT certification in the language
 - ~ Tabled
- **Discussion: Chair Consie:** Recertification of EMT's – do we continue with what we are doing or change it?
 - ~ Remove the requirement of the psychomotor exam
 - ~ Utilizing the US DOT Education Standards vs. Specific Elective Components
 - ~ North Dakota model – Can move to MKI and NCCP for new EMT's and grandfather others in.
 - ~ **Totzke-Johnson:** take into account monthly meeting scenario – logistics of smaller education programs who cover large areas with fewer number of instructors, trying to cover all these areas – smaller services have financial and volunteer time considerations
 - ~ **Long:** rather than going right options – perhaps we should agree on mutual interests – i.e. small service v. large service – what does it need to meet in order for that option to work.
 - ~ **Question:** wake-up call with the results from psychomotor testing? How many people failed stations – esp. in metro area. **Long:** Found those that had monthly trainings did better – other than being nervous, maybe had to retest a station or two did better than those EMTs on ambulances every day – these folks did worse because they don't do the monthly trainings they do quarterly education/case review – not necessarily hands on skill training.
 - ~ **Radant:** Does NREMT skill station test adequately assess the competency of a current EMT? What we have today is the NREMT psychomotor exam for initial and renewal – is that in the best interest for the public moving forward? NREMT moving away from isolated station testing. Integrating case reviews, scenario testing – validate “real life” skills. Customize the standard – not just Minnesota standard but National standard as well.
 - ~ Skills stations at initial – renewal = Team approach – using same standards.
 - ~ **Weller:** Previous to transition many schools did team approach – pick out three or four skills and test in a scenario based environment, some did the seven skills.
 - ~ **Consie:** There have been many modifications of that – preface that with the statute has not changed in many, many years. People were modifying without actually being under the statute – doing what they wanted to. Been through some of those programs and have 4 different ideas just from my area on how people were being recertified. Taking that back to the most recent workgroup the decision was to remain within the statutory requirements for the transition period and then form another workgroup – give education programs guidance as to what to do moving forward. Accommodate those in the different parts of the state – metro, Duluth, Moorhead, small town....

- ~ **Wanzek:** Is anyone opposed to becoming a NREMT state for renewal process - I haven't heard that yet? What does that mean – drop state requirements and adopt NREMT standards for initial & renewal.
- ~ **Opposition:** Totzke-Johnson: Ambulance services would be shutting their doors. Weller – also opposed.
- ~ Why drop NREMT in the first place? Costs money, not leaving state, inactive status, not working for service,
- ~ NREMT – Q & A? Good idea....
- ~ **Haffield:** Regardless of what we do – there are a large number of NREMT certified personnel in Minnesota – we need to make sure that whatever we do for recertification flows into theirs or vice versa. Add this to “wish list”.
- ~ **Totzke-Johnson:** we also need to ensure that we are not making things more difficult for those who want to just maintain their state license to do so.
- ~ Request for NREMT numbers in state for comparison to just state numbers
- ~ **Haffield:** New NREMT gives more flexibility for education that services are already doing above the “24” hr. refresher.
- ~ **Radant:** NREMT has recognized value of distributive education. Increased number of hours accepted. Create a state repository of validated where education programs can place on-line education and take out. EMT is the hardest course to teach well – why are we trying to do it alone. We all have the same mission to protect the public health – we don't want to lose our providers – we could become a model of how to get this done without losing providers.
- ~ Rural internet is still sketchy. Other “on-line” options – flash drives, drive 15 minutes to station and have interactive conversation with others in the station – better than having to drive 4 hrs.
- ~ **Hagstrom:** can we have the best of both worlds? Do MKI also allow state only certification. Psychomotor exam is the main issue. EMSRB Board change the type of psychomotor exam?
- ~ Psychomotor exam is the main issue
- ~ **Hammann-Jacobs:** EMSRB hat – transition process has been good by a regulatory standpoint. Flexibility is good with some parameters.
- ~ **Radant:** perhaps we need to increase standards for instructors. Create standards, for EMTs and then determine who we want to teach them – create higher standards for EMS instructors. Higher level of accountability for instructors, programs and medical directors
- ~ **Wright:** QI component for education programs – Incumbent upon the program director to ensure that the programs are keeping up with best practices. The goal of the QI process was to evaluate the program and its outcomes – not necessarily, who is teaching within the course.....
- ~ **Haffield:** flexibility exist in the new education standards that allows for keeping up with best practices without having to go through another “transition” process. As evidenced based education is moved forward by medical directors or the industry – we have the flexibility within the standards to make those changes and teach to those accepted levels....
- ~ **Lawler:** sunset state only certification. If you want to remain state only certified – okay but anyone new obtains national certification and must maintain national certification for state licensure moving forward.
- ~ **Radant:** To be clear – if I maintain state only certification I recertify the same way as my neighbor who is NREMT certified? So the standard for recertification is the same.
- ~ Suggestion to bring in medical directors – **Spector:** some services/programs don't know who the medical director is and some medical director's don't know who their services/programs are.
- ~ **Radant:** can we get more information about rural health and the difficulty they are having. Not sure how much influence this group has but if we decide, we need to increase the hour requirement because it meets this standard.... What does this do to

another part of the system and how can we help fix that.....? Can we be of influence in the broader conversation about how rural EMS is supported.....

- ~ **Haffield:** MMA white paper on rural EMS – **Weller:** will find paper and send to staff
- ~ **Lee:** in his region some of the services are concerned about the cost – both of the education and the time it takes to get the education
- ~ **Radant:** We need to set an education standard that we feel meets the needs of Minnesota and the public's health and safety – We need to decide what the standard is going to be and then advocate for a solution to assist all areas and personnel to meet those standards.
- ~ Discussion of volunteerism and how it is changing.....different than what it is was as far as tools and knowledge, can't fit everything into one box; shouldn't lower standard for certain parts of the state – standards should be the same – talking about hour requirements
- ~ Requirements are what we need to define – how that is distributed throughout the certification period can be flexible.
- ~ Licensure – has personal liability (RN)
- ~ Competency checks regularly for those who have regular scheduled trainings throughout; but what about those that don't work for a service – could there be an option for a course which includes a skills evaluation for these folks?
- ~ Certified/licensed/credentialed
- ~ NCCP – hands on verification is up to the medical director – should be more of an onus on the medical director because they are ultimately responsible. (LCCR)

Legislative changes: don't necessarily need to be specific – but can be worded to leave some discretion to the governing body – such as the Board.

Meeting Adjourned – ?(motion) – ?(second) - MCU
Next Meeting during the week of October 5, 2015,

VII. Work Group Charge - 3

- Review of Statutes and Rules at the EMT, AEMT and Paramedic Levels
- Discussion on Licensure versus Certification

VIII. Work Group Charge - 4

- Review Emergency Medical Responder Requirements
- Possible recommendations

IX. Work Group Charge – 5

- Education Program Approval and Re-Approval Requirements
- Possible Recommendations

X. Next Meeting Date – ?? **action**

XI. Adjourn